

Since

We have the
proven means
to prevent
blindness



Now to reach those who need us most!



THOMAS R. MOORE
President



1974 Annual Report
National Society for the
Prevention of Blindness



VIRGINIA S. BOYCE
Executive Director

The need is plain

Vigorous expansion and a tightened economy placed critical pressures on the National Society last year.

Demand swelled for service, for literature, films, speakers, for vision screening programs, and in all conscience we could not deny the public.

Ingenuity was needed to meet these expanded obligations, calling for increased effort and commitment on the part of board members, advisors, volunteers and staff. All responded magnificently and I gratefully salute their achievements.

One thought guided us all. Every sighted American has benefitted in some way from the National Society's activities. That is a measure of our success. Last year, some 45,000 people were blinded—half of them needlessly. That haunts us as a measure of our failure.

The essence of our problem is not lack of knowledge or skill to prevent blindness. Rather it is the lack of appropriate levels of funding to implement what we do know. Vision is priceless. Unless our program receives urgent and sustained attention, an increasing portion of Americans will pay a tragic price.

The need is plain—all who are committed to the Society's cause must contribute an extra measure of effort in the year ahead. We must work to make our cause known to others and, in turn, to enlist their support.

Special thanks are due to an impressive array of leaders from every segment of society who added significantly to our impact last year. To mention but a few: Al DeRogatis, our Sight-Saving chairman, Sylvia Sidney, who helped create our new film "Cataract," entertainers like Sammy Davis, Jr. and Bob Newhart, who provided us with effective public service announcements.

Invaluable aid was provided by foundations whose grants made possible much of our headway last year. We gratefully acknowledge our debt to the David and Phyllis Kennedy Foundation, DeWitt Wallace Fund, Robert Sterling Clark Foundation, New York Community Trust, Adler Foundation, Hearst Foundation, and the A. D. Henderson Foundation.

Our role widens

New plateaus of prevention of blindness service and programming were realized in 1974.

We sought out the aged in senior citizen centers, nursing homes, and wherever the elderly congregate, to bring them the hopeful facts about cataracts and their treatment.

Glaucoma-awareness grew through the spread of community screenings to new localities, seminars and workshops for doctors and nurses, and intensified public education.

Eye safety measures, while stressed for all family activities, gained new emphasis in farming areas as a result of the Society's new teaching aids.

Attention to children's eye problems gained momentum as the Society innovated ways to expand vision screenings through volunteer trainers, aided and guided government efforts to screen children prior to school-entry, and made maximum use of media to build an informed public.

Our Home Eye Test for Preschoolers, which surpassed 3,000,000 in distribution, proved of tremendous value in meeting the need to educate parents as well as to find children who need eye care.

Overwhelming acceptance of the Home Eye Test is not restricted to this country. As the Society's representative, I was invited to visit with interested professional and service groups in Australia, New Zealand and France to share our experience with the test and encourage its adoption in other lands.

Our achievements were largely due to the tireless efforts of scores of volunteers from community and civic organizations, health and welfare agencies, educational institutions and business and industry. Every facet of the media provided us with invaluable forums for education. And our 22 affiliates made prevention of blindness meaningful at the local level.



The vulnerable young

One of every 20 preschool-age children has a vision problem, the most serious being amblyopia. Without early professional help for the affected eye, it will not develop properly and sight will be diminished permanently. Eye doctors cite the age of six as the maximum age to initiate effective treatment.

Parent education and preschool vision screening are the Society's two major approaches for directing attention to children's eye needs. But with a target audience of 12,000,000 children in this age group, progress has been necessarily slow. Initial reports from Society screening projects during the year show that 248,000 preschool children were tested and 10,210 were referred for a professional eye examination.

Our goal must be to continue to find new ways to overcome health manpower shortages and lack of access to health care facilities. Last year the Society dramatically expanded the concept of using volunteers—instead of staff—to teach screening techniques to new groups. This has helped establish a corps of knowledgeable screeners in many communities without existing programs.

The entry of the government in this field through mandating the Early and Periodic Screening, Diagnostic and Treatment program was a most welcome development because it ensures vision checkups prior to school entry for children on Medicaid. The Society has been called in to help with this program because of our long experience and prominence as a standard-setter.

Our Home Eye Test has been an enormously effective tool in supplementing these efforts and filling the gap in service. The Test enables us to educate parents as well as to discover children with vision problems. Parent interest and public enthusiasm for this successful do-it-yourself kit has helped us pass the 3,000,000 mark in distribution.

This success story is largely due to public media—television and radio, newspapers and magazines—which were major forces both in promoting our Test and interpreting the need for it. It is also due to the wide range of national and local organizations which helped serve as channels of distribution.



'The sight you save ...'

Almost 1,000,000 Americans are visually impaired by injuries. Daily, there is an alarming toll of eye-related accidents on the job, at home, at school or play resulting in eye injuries which are 90 percent preventable.

In order to help minimize this damage to sight, the Society engages in a wide spectrum of activities to promote eye safety.

Our internationally-recognized Wise Owl Club awards membership to industrial workers and technical students whose sight is saved by wearing eye protection at the time of a potentially blinding accident. This 27-year-old incentive program added 430 new chapters and 2,450 members in 1974, bringing total member enrollment in 7,800 chapters to 57,400. The Wise Owl plan is gaining popularity in high schools, especially in Florida where the entire Duval County school system applied for Club charters.

The Society's model School Eye Safety Law was enacted by Georgia and Mis-

issippi last year. With their addition, 35 states now provide protection to reduce eye injuries in the nation's lab and shop classrooms.

Dangerous toys received our attention in the ongoing campaign, joined by parent and consumer groups, to remove them from store shelves. Projectile toys such as BB guns continue as a major source of concern.

Efforts to restrict use of all fireworks to licensed public displays has involved the Society in 40 years of public education. Legislative controls are now in effect in 27 states.

Farm eye safety is showing encouraging progress as a result of our new award-winning educational film, "...For the Rest of Your Life,"—produced in conjunction with the Iowa Society. Because the film focuses on the need for proper eye protection when working with ammonia fertilizers, it has won wide acceptance as a teaching tool.

Wearing safety glasses saved Donna Gail Hanvey's eyes from damage during a shipboard accident. Mrs. Hanvey, a pipefitter for the Newport News Shipbuilding and Dry Dock Company, became the 56,000th member of the National Society's Wise Owl Club.



Glaucoma screenings find many have

Slowly ebbing sight

Glaucoma nibbles away at sight and what the disease destroys cannot be restored. Caused by pressure that gradually kills nerve cells in the eye, glaucoma poses a serious problem as the second leading cause of blindness. Key to glaucoma control is early detection. The drawback is that there are usually no early symptoms, branding it with the name "Sneak Thief of Sight." This lends urgency to finding some 1,000,000 persons 35 years of age and over who don't know they are stricken.

The Society has an important stake in stimulating the growth of glaucoma screening, a procedure it first demonstrated in 1942. Community detection programs continue as a Society priority with some 74,000 individuals screened last year, of which 3,500 were found with suspicious signs.

Efforts to spur glaucoma-awareness took many other forms last year. A comprehensive library of films, cassettes and educational brochures gave depth and scope to the Society's public and professional education campaigns. Sem-

inars for physicians, medical students and nurses, and workshops on the use of tonometry for internists and family physicians gave assurance to growing numbers of patients that a glaucoma check will be part of their medical exam. Federally funded Regional Medical Program grants added immensely to the efforts of our Florida and Utah affiliates to establish glaucoma screenings on a statewide basis.

A recent major innovation, the Non-Contact Tonometer, provides hope of a breakthrough in establishing glaucoma screening as a routine health care procedure. The advantage of the new instrument is that it can be used by trained lay people since it doesn't touch the eye. To test its feasibility in mass screenings, we are conducting a pilot project in New York City under a grant from the Robert Sterling Clark Foundation. We hope our experience here will provide a model for the rest of the country.



Cataract is widely misunderstood

New light on old fears

Nearly 2¼ million elderly Americans suffer vision loss from a curable disease —cataract. Safe and simple surgery is available and overwhelmingly successful in many cases even when sight has already been lost.

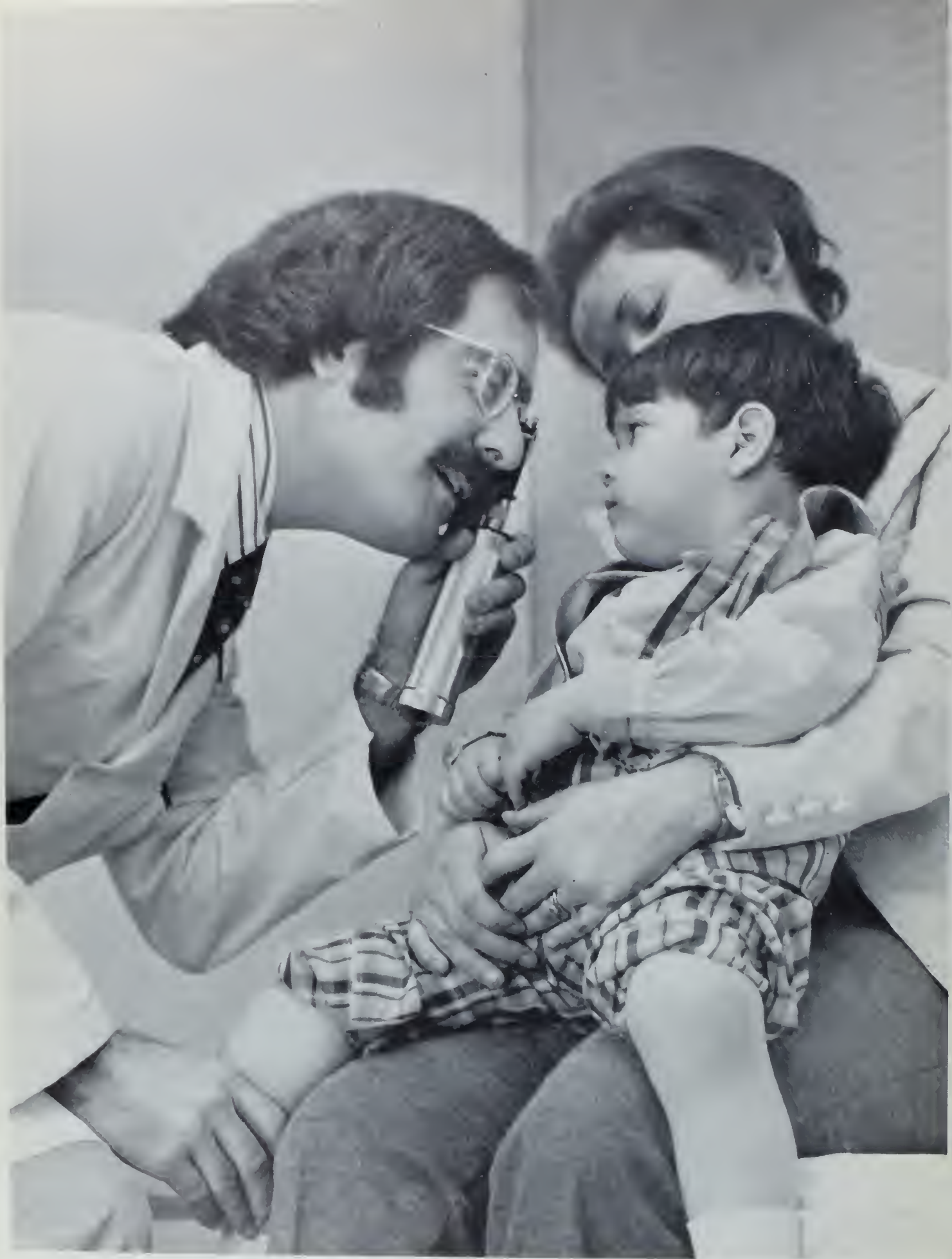
The Society narrowed its focus last year on the 3 out of 4 elderly who have cataracts. Because many older people accept a life of blindness due to unfounded fear, misinformation or social isolation, the Society launched a full-scale educational campaign to break down these barriers.

Speakers, literature, news stories, radio and television announcements had a ripple effect and provided an effective stimulant to public discussion of the problem. The program components were built around a dramatic new film, "Cataract," featuring Sylvia Sidney's courageous and successful battle against this disease. The film, sponsored by the New York Community Trust, won the CINE Gold Eagle Award, and because of its

reassuring as well as informative message, proved a tremendous asset in opening many doors.

Residences and social centers for the elderly cooperated enthusiastically and overwhelmed us with requests for the film, speakers and literature. News stories proliferated and the subject was given featured treatment by many large-circulation papers. Radio and television, in addition to giving our spots heavy usage, ran excerpts of the film and our professional people were invited to discuss the subject on the air.

The exceptional reception given this program across the country convinces us that we can reverse the historical trend which, for far too many years, has needlessly continued cataract as the leading cause of blindness in our country. Without doubt, education can make a significant difference and we plan to maintain the meaningful communications established in 1974.



'To provide support in promising areas'

In 1974 the NSPB Committee on Basic and Clinical Research approved nine new grants and seven grant renewals. Though this research program is far exceeded by government appropriations and funding by voluntary organizations specializing in research support, NSPB believes it is important to provide support in promising areas not reached by these sources. Emphasis is given, therefore, to assisting the young investigator not yet established in a research career.

Projects supported may contribute to understanding of: eye structure and function, in health and as affected by various eye diseases; effects of bodily disease processes or imbalances on the eye; efficacy of experimental drugs and surgical procedures as determined through animal studies; term studies of results of new diagnostic procedures; new instrumentation, new methods of surgical or medical intervention related to various eye diseases.

Chairman of the NSPB Committee on Basic and Clinical Research is Frank W. Newell, M.D., professor and chairman, Department of Ophthalmology, University of Chicago. Grants are awarded periodically throughout the year.

The potential for application to prevention of blindness programs is always

the major consideration in selecting projects to be supported, as the following examples show:

William Smead, M.D., University of Arkansas Medical Center, is studying ways to develop eye ointments that will release their medication over prolonged periods of time.

Alexander R. Irvine, M.D., University of California, San Francisco, is evaluating cutting instruments used in a new field of surgery important in correcting retinal detachment and vitreous hemorrhage in the eye.

George M. Bohigian, M.D., Washington University School of Medicine, St. Louis, Missouri, is exploring the effectiveness of combining corticosteroids with usual treatments to minimize scarring of the cornea in pseudomonas keratitis.

Gerald A. Brooksby, M.D., Ph.D., University of Oregon Medical School, is doing basic research to learn how the amounts of blood flowing in the various blood vessels of the eye are controlled.

Roger L. Hiatt, M.D., University of Tennessee College of Medicine, is working on ways to avoid destruction of tissues following extensive surgery on the front part of the eye.

A. Ralph Rosenthal, M.D., and Milton Flocks, M.D., Stanford University Medical Center, California, are developing a program for mass screening by television of defects in the visual field.

Eva K. Ray, Ph.D., Scheie Eye Institute, Philadelphia, is studying an entirely new approach to controlling the disease herpes virus keratitis by drugs.

John W. Chandler, M.D., University of Washington School of Medicine, Seattle, is using a common human virus known as cytomegalovirus to see if it produces corneal inflammation in animals. The virus may be a factor in many human eye diseases so far unrecognized.

Sidney R. Block, M.D., Hospital for Special Surgery, New York City, is testing ways to predict whether a child with rheumatoid arthritis will also develop an eye disease leading to blindness.

NATIONAL SOCIETY FOR THE PREVENTION OF BLINDNESS, INC.
AND AFFILIATED STATE CHAPTERS

Statement of Support, Revenue and Expenses
Years Ended December 31, 1974 and 1973

	Total All Funds	
	1974	1973
Support and revenue:		
Support:		
Received directly:		
Contributions	\$ 2,378,152	\$ 1,951,625
Legacies	806,232	440,358
Special Events.....	45,311	55,633
Received indirectly:		
Combined Federal Campaign.....	245,508	222,153
Total support	<u>3,475,203</u>	<u>2,669,769</u>
Revenue:		
Trust Income	92,267	93,972
Investment income.....	57,123	45,512
Program service related revenue	61,892	65,270
Total revenue.....	<u>211,282</u>	<u>204,754</u>
Total support and revenue	<u>\$ 3,686,485</u>	<u>\$ 2,874,523</u>
Expenses:		
Program services:		
Research	\$ 166,233	\$ 148,513
Public health education	1,382,786	1,122,111
Professional education and training	392,250	464,657
Community services.....	679,259	545,197
Total program services	<u>2,620,528</u>	<u>2,280,478</u>
Supporting services:		
General and administrative	243,663	283,303
Fund raising	639,570	477,766
Total supporting services	<u>883,233</u>	<u>761,069</u>
Total expenses.....	<u>\$ 3,503,761</u>	<u>\$ 3,041,547</u>

A complete copy of the financial statements as audited by
Peat, Marwick, Mitchell & Co. is available upon request.

To join in the effort . . .

Through its sixty-six years of existence, the sight of countless thousands has been saved through measures advocated and actively supported by the Society. We are justifiably proud of our accomplishments.

Now we face the challenges of the future—more people with longer life spans. We have the knowledge to extend the fight against needless and tragic loss of sight even further. Greater victories are ours if only we have the means to reach for them. To fulfill the promise calls for the support of concerned citizens everywhere.

Join in the effort....please give today so that more can see tomorrow.

Bequests of all sizes have helped to make possible the sight-saving activities of the National Society for the Prevention of Blindness since its establishment in 1908. The Society's record of careful management insures the enduring usefulness of funds entrusted to its care. You can assure the Society of continuing financial support by using the following bequest form:

I give and bequeath to the National Society for the Prevention of Blindness, Inc., a corporation organized under the laws of the State of New York, the sum of \$.....for its corporate purposes.

Like all other gifts to the Society, bequests by will of money, securities, a house, other real or personal property, the residue of an estate, or any part of it are of course tax deductible. Before a donor makes a gift of substance he should consult his lawyer. You may also write to the Society.

National Society for the Prevention of Blindness
79 Madison Avenue, New York, N.Y. 10016



PREVENT BLINDNESS

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